2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006300

City-St-Zip: LAKE BUTLER, FL 32054

Entity Name: SOUTH PRONG PLANTATION, L.L.C.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
12469 W S LAKE BUT	SR 100 FLER, FL 3205	4		
Current Mailing Address:			New Mailing Address:	
P.O. BOX LAKE BUT	238 TLER, FL 3205	4		
FEI Number	: 04-3625095	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
12469 W S	S, AVERY C SR 100 FLER, FL 3205	4 US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MILLER, GARY 2361 BRIDGET		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () SHADD, JOHN I PO BOX 506 LAKE BUTLER,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete BRANT, WILLIAM P PO BOX 4548 JACKSONVILLE, FL 32201		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM () ROBERTS, AVE 12469 W SR 10		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: AVERY C. ROBERTS MGM 03/31/2009